

<b>Issue Classification</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	08/779,460	GODDIJN ET AL.	
	Examiner	Art Unit	
	David T. Fox	1638	

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
INTERNATIONAL CLASSIFICATION								
	/							
	/							
	/							
	/							
	/							
(Assistant Examiner) (Date)							Total Claims Allowed:	
(Legal Instruments Examiner) (Date)							O.G. Print Claim(s)	O.G. Print Fig.
							(Primary Examiner)	(Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	31	17	61	91	121	151	181
2	32	18	62	92	122	152	182
3	33		63	93	123	153	183
4	34		64	94	124	154	184
5	2	35	19	65	95	125	155
6	36		66	96	126	156	186
7	37	20	67	97	127	157	187
8	38		68	98	128	158	188
9	3	39	21	69	99	129	159
10	4	40		70	100	130	160
11	5	41		71	101	131	161
12	42		72	102	132	162	192
13	6	43		73	103	133	163
14	7	44		74	104	134	164
15	8	45		75	105	135	165
16	9	46		76	106	136	166
17	10	47		77	107	137	167
18	11	48		78	108	138	168
19	12	49		79	109	139	169
20	13	50		80	110	140	170
21		51		81	111	141	171
22		52		82	112	142	172
23		53		83	113	143	173
24		54		84	114	144	174
1	25		55	85	115	145	175
26		14	56	86	116	146	176
27			57	87	117	147	177
28			58	88	118	148	178
29		15	59	89	119	149	179
30			16	60	120	150	180

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				08/779,460	GODDIJN ET AL.		
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<b>ISSUE CLASSIFICATION</b>							
ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
800	284	800	278	288	289	317.2	317.3
INTERNATIONAL CLASSIFICATION		435	101	414	417	468	
C	1	2	N	15/82			
				15/31			
				5/04			
C	1	2	P	19/00			
A	0	1	H	5/00			
NONE (Assistant Examiner) (Date)				DAVID T. FOX PRIMARY EXAMINER GROUP 180 /638 (Primary Examiner) (Date) <i>Decided 7/27/03</i>			
(Legal Instruments Examiner) (Date)				Total Claims Allowed: 21			
				O.G. Print Claim(s)		O.G. Print Fig.	
				1		none	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		301	
212		242		272		302	
213		243		273		303	
214		244		274		304	
215		245		275		305	
216		246		276		306	
217		247		277		307	
218		248		278		308	
219		249		279		309	
220		250		280		310	
221		251		281		311	
222		252		282		312	
223		253		283		313	
224		254		284		314	
225		255		285		315	
226		256		286		316	
227		257		287		317	
228		258		288		318	
229		259		289		319	
230		260		290		320	
231		261		291		321	
232		262		292		322	
233		263		293		323	
234		264		294		324	
235		265		295		325	
236		266		296		326	
237		267		297		327	
238		268		298		328	
239		269		299		329	
240		270		300		330	